

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Lamer et al.

Title:

PATIENT DATA INFORMATION

SYSTEM

Appl. No.:

09/474,569

Filing Date:

12/29/1999

Examiner:

Tran, M.

Art Unit:

2174

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents,

Washington, D.C. 20231, on the date below.

Karen Mejer

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Qctober 16, 2002

(Date of Deposit)

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Technology Center 2100

AMENDMENT TRANSMITTAL

Box NON-FEE AMENDMENT

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted are the following in the above-identified application:

- [X] Amendment Transmittal (2 pgs.).
- [X] Amendment with attached "Version With Markings to Show Changes Made" (20 pgs.).
- [X] Request to Approve Drawing Changes (2 pgs., plus six (6) sheets of attached Figures (FIGS. 1-6) (with changes noted in red ink).
- [X] The fee required for additional claims is calculated below:

-	Claims - as Amended	Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	31	31	=	0	х	\$18.00	=	\$0.00
Independents:	3 ·	3	, =	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$280.00							=	\$0.00
CLAIMS FEE TOTAL:							=	\$0.00

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/16/02

FOLEY & LARDNER

777 East Wisconsin Avenue Milwaukee, Wisconsin 53202-5367

Telephone:

(414) 297-5531

Facsimile:

(414) 297-4900

Jean M. Tibbetts
Attorney for Applicant
Registration No. 43,193